



## Credit Card Authorization Form

Company Name \_\_\_\_\_

I, \_\_\_\_\_ (authorized card holder), hereby authorize DMI International, LLC to utilize the credit card listed below for all orders and invoices today and any future orders and or invoices for this company. This approval will remain in full force and effective until cancelled in writing by the company or until such time as the credit card expires, at which time a new credit card authorization form will be provided to DMI International, LLC.

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (for receipt): \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this from via fax (918-438-2061) or email ([ashley@dmiiinternational.com](mailto:ashley@dmiiinternational.com)) along with a copy of the front and back of the credit card (enlarged to clearly show the numbers).